24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
People's Action Movement			
	C C00567479		
Check if 24-hour report	on 10 18 2016		
Full Name of Payee	Date of Public Distribution/Dissemination		
Keystone Progress	10 15 2016		
Mailing Address 201 Washington St.			
#534	Amount		
City State Zip Code	14823.13		
Reading PA 19601	Transaction ID : SE.5094 Date of Disbursement or Obligation		
Purpose of Expenditure Field Program - Stop Trump Category/ Type	10 07 2016		
Name of Federal Candidate Support Office	e Sought: House District:		
TRUMP, DONALD J., , ,	President Senate State:		
Calendar Year-To-Date Disbu	ursement For: Primary X General		
Per Election for Office Sought 60656.86 2016	Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Keystone Progress	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 201 Washington St.	Amount		
#534	Amount		
City State Zip Code	1430.60		
Reading PA 19601	Transaction ID : SE.5099 Date of Disbursement or Obligation		
Purpose of Expenditure Printing - Stop Trump Category/ Type	M M / D D / Y Y Y Y		
Type Type	10 07 2016		
Name of Federal Candidate Support Office	e Sought: House District:		
TRUMP, DONALD J., , ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary X General Other (specify) ▶		
_			
(a) SUBTOTAL of Itemized Independent Expenditures	16253.73		
(h) OUDTOTAL of Heliconical Indiana deal Engagin			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7		
(c) TOTAL Independent Expenditures			
	7 7		
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•		
Geise, Tara, M., ,	M / D D / Y P Y P Y		
[Electronically Filed] Date Signature	0 24 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
People's Action Movement	C C00567479		
Check if 24-hour report 48-hour report New report Amends report filed	on 10 / 18 2016		
Full Name of Payee People's Action	Date of Public Distribution/Dissemination		
·	10 / 15 / 2016		
Mailing Address 810 N. Milwaukee Ave.	Amount		
City State Zip Code	2421.99		
Chicago IL 60642	Transaction ID : SE.5087 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll & Benefits - Stop Trump Category/ Type	10 06 7 2016		
Name of Federal Candidate Support Office	Sought: House District:		
TRUMP, DONALD J., , ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
People's Action	10 15 2016		
Mailing Address 810 N. Milwaukee Ave.	Amount		
City State Zip Code	10754.07		
Chicago IL 60642	Transaction ID : SE.5092 Date of Disbursement or Obligation		
Purpose of Expenditure Field Program - Stop Trump Category/ Type	10 06 2016		
Name of Federal Candidate Support Office	e Sought: House District:		
TRUMP, DONALD J., , ,	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	13176.06		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·		
Geise, Tara, M., , [Electronically Filed] Date	0 24 2016		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 3 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
People's Action Movement				C C00567479		
Check if 24-hour report 48-hour report	New rep	port X Amends repo		10 18 2016		
Full Name of Payee			Date o	of Public Distribution/Dissemination		
People's Action			M	10 / 15 / 2016		
Mailing Address 810 N. Milwaukee Ave.			Amour	nt		
City	State	Zip Code		814.80		
Chicago	IL	60642		Transaction ID : SE.5100 Date of Disbursement or Obligation		
Purpose of Expenditure Printing - Stop Trump		Category/ Type	M	10 06 / 2016		
Name of Federal Candidate		Support	Office Sought	: House District:		
TRUMP, DONALD J., , ,		X Oppose	x Preside	sent State:		
Calendar Year-To-Date Per Election for Office Sought		19127.44	Disbursement 2016 Ot	t For: Primary X General ther (specify) ▶		
Full Name of Payee			Date of	of Public Distribution/Dissemination		
People's Action			M	10 15 / Y Y Y Y Y Y Y		
Mailing Address 810 N. Milwaukee Ave.			Amou	nt		
City	State	Zip Code	— I	5136.58		
Chicago	IL	60642		ction ID : SE.5101 of Disbursement or Obligation		
Purpose of Expenditure Payroll & Benefits - Stop Trump		Category/ Type	М	10 06 2016		
Name of Federal Candidate		Support	Office Sough	t: House District:		
TRUMP, DONALD J., , ,		X Oppose	X Preside	ent Senate State:		
Calendar Year-To-Date Per Election for Office Sought		7558.57	Disbursement 2016 O	t For: Primary ★ General ther (specify) ★		
(a) CURTOTAL of the size of body and out France						
(a) SUBTOTAL of Itemized Independent Expen	aitures			5951.38		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·· •	7 7		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorize					
Geise, Tara, M., , Signature	[Electron	nically Filed] Date	e 10	24 2016		
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
People's Action Movement	C C00567479		
Check if 24-hour report 48-hour report New report Amends report filed on	10 18 2016		
Full Name of Payee People's Action	Date of Public Distribution/Dissemination		
<u> </u>	10 14 2016		
Mailing Address 810 N. Milwaukee Ave.	Amount		
City State Zip Code	193.80		
	Transaction ID : SE.5086 Date of Disbursement or Obligation		
Purpose of Expenditure Website - Stop Trump Category/ Type	10 / 15 / 2016		
Name of Federal Candidate Support Office S	ought: House District:		
TRUMP DONALD I	resident Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
	M M / D D / Y Y Y Y		
Mailing Address	Amount		
City State Zip Code			
	Date of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y Y		
Name of Federal Candidate Support Office S	Sought: House District:		
Oppose P	resident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General Other (specify) ▶		
	Other (specify) P		
(a) SUBTOTAL of Itemized Independent Expenditures	193.80		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	35574.97		
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.			
Geise, Tara, M., , [Electronically Filed] Date Signature	24 2016		
<u> </u>			